

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/501815

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2	1							
3	1							
4	1							
5		4						
6	1				1			
7	1				1			
8		2			1			
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TOTAL IND.	15		12					
TOTAL DEP.	10		5					
TOTAL CLAIMS	25		17					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.								
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TOTAL CLAIMS								